



5929 Balcones Drive, Suite 200
Austin, TX 78731-4280
Phone: 512.343.2544
Fax: 512.343.0119

REDACTED – FOR PUBLIC INSPECTION

VIA ECFS

October 14, 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

RE: Annual Report for Cumby Telephone Cooperative, Inc. Pursuant to 47 C.F.R. §54.313 and 54.422, WC Docket Nos. 10-90 and 11-42

Dear Ms. Dortch:

In accordance with the annual reporting requirements of 47 C.F.R. §§ 54.313 and 54.422 Cumby Telephone Cooperative, Inc. (the Cooperative), Study Area Code 442065 is submitting a completed FCC Form 481 to the Commission via its Electronic Comment Filing System (ECFS). Section 3005 of the Form 481 requires a privately-held rate of return carrier receiving high cost support to attach financial information pursuant to 47 C.F.R. § 54.313(f)(2). The Cooperative maintains that the financial information is confidential and is submitting through ECFS a redacted document as an attachment for section 3005 of the FCC Form 481 in WC Docket Nos. 10-90 and 11-42.

Cumby Telephone Cooperative, Inc., by its authorized representative, hereby submits confidential information pursuant to 47 C.F.R. § 54.313(f)(2), under seal, subject to the Protective Order adopted November 16, 2012 in the above-named dockets.¹ The Cooperative is providing to the Office of the Secretary the original and one copy of the cover letter and confidential information for WC Docket No. 10-90. The confidential information relates only to WC Docket No. 10-90. There is no claim of confidentiality for any information related to WC Docket No. 11-42.

Two copies of this cover letter and confidential information are also being delivered to Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, in accordance with the Protective Order.

¹ FCC Record DA 12-1857

Marlene H. Dortch
October 14, 2013
Page 2 of 2

The confidential information has also been submitted to the Universal Service Administrative Company through its E-File system as an attachment to the FCC Form 481.

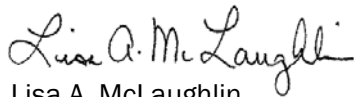
Each page of the confidential submission bears the legend, "CONFIDENTIAL FINANCIAL INFORMATION SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

An original and three copies of the redacted confidential information and cover letter are also being filed simultaneously with the non-redacted confidential information, in accordance with the August 6, 2013 Public Notice (DA 13-1707). The original and one copy are provided for WC Docket No. 10-90 and two additional copies are provided for WC Docket No. 11-42. The redacted version of the cover letter for this filing and each page of the filing is marked "REDACTED - FOR PUBLIC INSPECTION."

This cover letter includes no confidential information and the text is the same in both the non-redacted and redacted versions except for the confidentiality markings.

Please contact me if you have any questions.

Sincerely,



Lisa A. McLaughlin
Authorized Representative for
Cumby Telephone Cooperative, Inc.

Enclosures

cc: Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau,
Federal Communications Commission (2 hardcopies of non-redacted submission)

Ms. Karen Zimmerman, Cumby Telephone Cooperative, Inc.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	442065
<015> Study Area Name	CUMBY TEL COOP INC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Esther Stonaker
<035> Contact Telephone Number: Number of the person identified in data line <030>	903-994-2211
<039> Contact Email Address: Email of the person identified in data line <030>	stonaker@cumbytel.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 442065tx510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 442065tx610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(200) Service Outage Reporting (Voice)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 442065

<015>	Study Area Name	CUMBY TEL COOP INC
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<020>	Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
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<035> Contact Telephone Number - Number of person identified in data line <030> 903-994-2211

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 442065

<015>	Study Area Name	CUMBY TEL COOP INC
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<020>	Program Year	2014
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
-------	---	--------------

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

<701> Residential Local Service Charge Effective Date

1/1/2013

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 442065

<015>	Study Area Name	CUMBY TEL COOP INC
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<020>	Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
-------	---	--------------

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

[illegible]

(800) Operating Companies Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

<810> Reporting Carrier Cumby Telephone Cooperative, Inc.

<811>	Holding Company	N/A
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<812>	Operating Company	Cumby Telephone Cooperative, inc.
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[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

442065tx1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,</p> <p>(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p> <p><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}</p> <p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p> <p>(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> <p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p> <p><input checked="" type="checkbox"/> (Yes/No)</p> <p><input type="checkbox"/> (Yes/No)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> <p>(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :</p> <p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> <p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> <p>(3022) Underlying information subjected to a review by an independent certified public accountant</p> <p>(3023) Underlying information subjected to an officer certification.</p> <p>(3024) Underlying information subjected to an officer certification.</p> <p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p> <p><input checked="" type="checkbox"/> (Yes/No)</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>442065tx3026</p>

**Certification - Reporting Carrier
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442065
<015>	Study Area Name	CUMBY TEL COOP INC
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<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	442065
<015> Study Area Name	CUMBY TEL COOP INC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035> Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
<039> Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Lisa McLaughlin</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Lisa McLaughlin</u>
Name of Reporting Carrier:	<u>CUMBY TEL COOP INC</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>10/09/2013</u>
Printed name of Authorized Officer:	<u>Karen Zimmerman</u>
Title or position of Authorized Officer:	<u>General Manager</u>
Telephone number of Authorized Officer:	<u>903-994-2211</u>
Study Area Code of Reporting Carrier:	<u>442065</u> Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>CUMBY TEL COOP INC</u>
Name of Authorized Agent or Employee of Agent:	<u>Lisa A. McLaughlin</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>10/09/2013</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Lisa A. McLaughlin</u>
Title or position of Authorized Agent or Employee of Agent	<u>Manager - Business Compliance</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>512-343-2544</u>
Study Area Code of Reporting Carrier:	<u>442065</u> Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachment

ATTACHMENT A

LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE

Cumby Telephone Cooperative, Inc. (the Cooperative) complies with applicable service quality standards and consumer protection rules as required by the state regulatory commission and the Federal Communications Commission.

The rates, terms, and conditions under which the Cooperative operates are outlined in its Local Exchange Tariff, which is approved by the state commission. The Cooperative's tariff contains provisions regarding its customer service and protection practices, including resolving disputes with the Cooperative, applying for service, the classification of business and residential rates, deposits, billing and payment for service, refusal, disconnection and cancellation of service. The tariff is available for customer review in the Business Office, as requested. Rates and terms of service are disclosed to customers upon application for service both verbally and in writing as part of a packet of information for new customers.

Service quality standards are established by the state commission and the Cooperative consistently meets or exceeds the standards and provides reports to the state commission, in accordance with the state commission's rules.

The protection of customers' privacy and information is of utmost importance and the Cooperative has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information Rules (47 C.F.R. §§64.2001-64.2011). Certification and a description of those operating procedures are filed at the FCC annually.

ATTACHMENT B

LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Cumby Telephone Cooperative, Inc. (the Cooperative) is able to function in emergency situations. The Cooperative has a reasonable amount of back-up power to ensure functionality without an external power source. Standby power generators are supplied at the central office, remote switch sites, and repeater sites to ensure functionality without an external power source until power is restored. The network is capable of managing traffic spikes resulting from emergency situations.

The Cooperative is able to reroute traffic around damaged facilities. Although the Cooperative's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

(800) Operating Companies Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 442065

<015>	Study Area Name	CUMBY	TEL	COOP	INC
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<020>	Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	903-994-2211
-------	---	--------------

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

<810> Reporting Carrier Cumby Telephone Cooperative, Inc.

<811>	Holding Company	N/A
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<812>	Operating Company	Cumby Telephone Cooperative, inc.
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[illegible]

ATTACHMENT C

Line 1210 – Terms & Conditions of Voice Telephony Lifeline Plans

Cumby Telephone Cooperative, Inc., (the Cooperative) offers Lifeline subscribers a Lifeline discount of \$9.25 applied to the Subscriber Line Charge (SLC) of \$5.00 with the remainder applied to the stand-alone residential local exchange access line rate of \$10.00. The local exchange access line rate includes an unlimited amount of local calling minutes. Additional charges for toll calls associated with the stand-alone residential access line are billed at the rates of the long distance carrier chosen by the subscriber. The Cooperative also offers Cumby Flex Pak which is available to Lifeline customers. This plan includes a Long Distance Calling Plan, internet and broadband services as well as a choice of optional services. Attached are the pages from the Cooperative's Local Exchange Service Tariff including pages describing the terms and conditions of Lifeline service.

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
2nd Revised Page 15
Replacing 1st Revised Page 15

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

6. Lifeline Program Rate Reduction

a. Implementation

The Cooperative shall provide reduced billing for all Lifeline Program eligible customers within its service area in accordance with the Commission's Substantive rules.

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In instances where a customer inquires about participation in the Lifeline Program, the Cooperative shall contact information for LIDA.

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Effective: Upon Approval
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
3rd Revised Page 16
Replacing 2nd Revised Page 16

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

6. Lifeline Program Rate Reduction (Continued)

b. Amounts

The Cooperative shall apply Lifeline Program rates, per eligible customer, as described below.

	<u>Monthly Rate Reduction</u>	
		D
		D
1) Federal Reduction applied to Federal Subscriber Line Charge and Residential Local Exchange Access Line Charge	47.C.F.R. Section 54.403	T
2) Maximum State Reduction to Residential Local Exchange Access Line Rate	\$3.50	T

Effective: April 2, 2012
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
2nd Revised Page 26
Replacing 1st Revised Page 26

LOCAL EXCHANGE SERVICE

III. LOCAL EXCHANGE SERVICE RATES AND CHARGES

A. Residence Monthly Local Exchange Access Line Rates ⁽¹⁾

	<u>Monthly Rate</u>
1-Party Service	\$10.00

B. Business Monthly Local Exchange Access Line Rates ⁽¹⁾

	<u>Monthly Rate</u>	
1-Party Service	\$15.00	I
PBX Trunks	\$17.10	T
Rotary/Multi-Line Service	\$15.00	I T

- (1) Rates for Access Line Service do not include a charge for an instrument or other customer premises equipment.

Effective: June 1, 2013
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
1st Revised Page 27
Replacing Original Page 27

LOCAL EXCHANGE SERVICE

IV. LOCAL EXCHANGE SERVICE PACKAGE – Residential

	Monthly Rate ⁽¹⁾
Cumby Flex Pak	\$75.85
- Two Access Lines with Expanded Local Calling on both lines	
- OPTIONAL SERVICES – Pick any or All Services ⁽³⁾	
- Call Forwarding Busy/No Answer	
- Call Block	
- Call Waiting/Cancel Call Waiting	
- Remote Access to Call Forwarding	
- Speed Dial (8 numbers)	
- Three Way Calling	
- Call Return	
- Selective Call Forwarding	
- Caller ID Name and Number	
- Anonymous Call Rejection	
- LONG DISTANCE CALLING PLAN ⁽²⁾⁽⁵⁾	
- Nationwide Calling – 600 minutes	
- INTERNET SERVICE ⁽⁴⁾	
- 2Mbps Broadband Service with Unlimited Internet Access	
- UPGRADE LONG DISTANCE SERVICE FOR ⁽²⁾⁽⁵⁾ <i>Save on Personal Touch Long Distance Calling Plans</i>	
- Unlimited Nationwide Calling	\$15.00
- UPGRADE BROADBAND SERVICES TO ANY PACKAGE ⁽⁴⁾ <i>For an additional charge per month</i>	
- 4Mbps Broadband Service	\$20.00
- 6Mbps Broadband Service	\$40.00
- High-Speed Modem Protection	\$2.99
- Wireless Router Equipment Charge	\$3.99
- Email Accounts	\$2.00

(1) Rates do not include applicable state and federal taxes. The End User Common Line Charge, as approved in the Cooperative's Interstate Access Service Tariff, National Exchange Carrier Association, Inc. Tariff FCC No. 5, is not included in the package price.

(2) Package subscribers must subscribe to Personal Touch Long Distance. Upgrade Long Distance Minutes to unlimited plan for an additional fee of \$15.00 per month.

(3) Customers can choose any or all features on one or both lines.

(4) Broadband Service is provided by Cumby Telephone. DSL/Internet Service is available on one access line. Speed for an additional monthly fee.

Upgrade to Broadband 4: \$20.00 more per month

Upgrade to Broadband 6: \$40.00 more per month

(5) Toll Calling is provided by Personal Touch Long Distance. Additional minutes above package minutes are at 10 cents per minute. Both access lines share the minutes in each calling plan. Certain restrictions apply.

Effective: June 1, 2012
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
4th Revised Page 9
Replacing 3rd Revised Page 9

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

1. General (Continued)

- e. The Cooperative may not disconnect the service of a Lifeline Service customer for the non-payment of toll charges. However, the Cooperative reserves the right to implement toll blocking, at no charge, if the customer incurs a significant balance of unpaid toll bills. The Cooperative will inform the customer, by direct mail, of this change to their service due to the customer's non-payment of toll charges. Upon the customer's payment of all outstanding toll charges, the Cooperative shall remove mandatory toll blocking at no charge. T
- f. Upon subscribing to the Lifeline Service, a customer will be offered a subscription, at no charge, to toll blocking service (in exchanges where technically available) which denies the customer access to the long distance telecommunications network; however, the customer is under no obligation to accept the subscription to toll blocking. T
- h. The Lifeline Service rate reductions will not be available on a retroactive basis unless approved by the Public Utility Commission of Texas or the Low-Income Discount Administrator (LIDA). T

2. Designated Lifeline Services M

The Cooperative shall offer voice telephony services that provide the following functionalities as designated Lifeline Services: MT

- a. Voice grade access to the public switched network or its functional equivalent;
- b. Minutes of use for local service provided at no additional charge to the customer;
- c. Access to emergency services;
- d. Toll blocking service. MT

Effective: April 2, 2012
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
3rd Revised Page 10
Replacing 2nd Revised Page 10

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

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3. Eligibility Requirement

a. Qualifying Low-income (Eligible) Customer Criteria

An eligible customer shall be defined as an individual whose annual household income is at or below 150% of the federal poverty guidelines or in whose household resides a person who receives or has a child who receives benefits from at least one of the following programs:

- | | | |
|----|---|---|
| 1) | Medicaid | |
| 2) | Food Stamps (Supplemental Nutrition Assistance Program) | T |
| 3) | Supplemental Security Income (SSI) | |
| 4) | Federal Public Housing Assistance (FPHA) | |
| 5) | Low-Income Home Energy Assistance Program (LIHEAP) | |
| 6) | Health benefits coverage under the state Children's Health Insurance Program (CHIP) | |
| 7) | National School Lunch Program's Free Lunch Program | N |
| 8) | Temporary Assistance for Needy Families | N |

The Lifeline Service rate reductions will be provided per eligible customer. The Low-Income Discount Administrator (LIDA) will provide a list of eligible customers to the Cooperative each month.

Effective: June 1, 2012
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
3rd Revised Page 11
Replacing 2nd Revised Page 11

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

3. Eligibility Requirement (Continued)

b. Obligations of the Customer

- 1) Customers whose annual household income is at or below 150% of the federal poverty guidelines or who participate in FPHA or LIHEAP programs may self-enroll for Lifeline Program benefits by completing an application form and returning it to LIDA. LIDA will send a blank application upon customer request. LIDA can be reached at 1-866-4LITEUP. Current customers receiving benefits under Medicaid, Food Stamps, SSI or CHIP will be subject to the Lifeline Program automatic enrollment procedures as provided by the LIDA unless they provide a written request to the LIDA to be excluded from the Lifeline Program.
- 2) A customer who is eligible for the Lifeline Program but does not have telephone service at the time the LIDA provides its eligibility list to the Cooperative, shall be responsible for initiating a request for the Lifeline Program from the Cooperative.

c. Obligations of the Cooperative

- 1) LIDA will provide a list of eligible customers to the Cooperative on a monthly basis. Upon receipt of the list, the Cooperative shall begin reduced billing for those customers within 30 days.

Effective: Upon Approval
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
2nd Revised Page 12
Replacing 1st Revised Page 12

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

3. Eligibility Requirement (Continued)

d. Discontinuance of Service

- 1) Discontinuance of Lifeline Discounts for customers automatically enrolled: The eligibility period for automatically enrolled customers is the length of their enrollment in Texas Health and Human Services Commission (THHSC) benefits plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their THHSC benefits or self-enrollment with LIDA upon the expiration of their automatic enrollment.

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Effective: Upon Approval
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
2nd Revised Page 13
Replacing 1st Revised Page 13

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

3. Eligibility Requirement (Continued)

d. Discontinuance of Service (Continued)

- 2) Discontinuance of Lifeline Discounts for customers who have self-enrolled: Individuals not receiving benefits through THHSC programs, but who have met Lifeline income qualifications, are eligible to receive the Lifeline Discount for seven months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven months.

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4. Deposit and Credit Requirements

- a. The Cooperative shall be prohibited from charging a service deposit in order to initiate the Lifeline Program if the eligible customer voluntarily elects to receive toll blocking.
- b. The Cooperative may charge a service deposit if the eligible customer denies subscription to toll blocking upon subscribing to the Lifeline Program.
- c. In instances where the Cooperative may require a service deposit, the same credit verification procedures and deposit regulations used for all applicants who apply for service with the Cooperative are also applicable to eligible customers for the Lifeline Program.

Effective: Upon Approval
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
1st Revised Page 14
Replacing Original Page 14

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

5. Service Connection Charges

- a. Service connection charges do not apply to eligible customers with existing, qualifying service converting to the Lifeline Program.
- b. Service connection charges do apply when:
 - 1) Existing eligible customer requests additional non-qualifying services at the time Lifeline Program reduced billing is initiated.
 - 2) New customers (those without existing local exchange access service) eligible for the Lifeline Program establish service.
 - 3) Customers make subsequent moves or changes after initial connection to the Lifeline Program.

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Effective: April 2, 2012
By: Karen Zimmerman
Title: Manager

CUMBY TELEPHONE COOPERATIVE, INC.
Local Exchange Tariff

SECTION 1
2nd Revised Page 15
Replacing 1st Revised Page 15

LOCAL EXCHANGE SERVICE

II. APPLICATION OF RATES (Continued)

C. Lifeline Program (Continued)

6. Lifeline Program Rate Reduction

a. Implementation

The Cooperative shall provide reduced billing for all Lifeline Program eligible customers within its service area in accordance with the Commission's Substantive rules.

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In instances where a customer inquires about participation in the Lifeline Program, the Cooperative shall contact information for LIDA.

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Effective: Upon Approval
By: Karen Zimmerman
Title: Manager

(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
<010>	Study Area Code	<010>	442065
<015>	Study Area Name	<015>	Cumby Tel Coop Inc.
<020>	Pre-Filed as reviewed	<020>	2013
<030>	Col-Filed as reviewed	<030>	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035>	903-994-2211
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	stonaker@cumbytel.com

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

	10-3-13
Signature	Date

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
NONCURRENT ASSETS			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Reacquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			OTHER LIAB. & DEF. CREDITS		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
PLANT, PROPERTY, AND EQUIPMENT			EQUITY		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstanding & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in-Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

(3005b) Operating Report for Privately-Held Rate of Return Carriers

Balance Sheet - Data Collection Form

Page 2 of 3

FCC Form 481

OMB Control No. 3060-0986

July 2013

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 442065
 <015> Cumby Tel Coop Inc.
 <020> 2013
 <030> Esther Stonaker
 <035> 903-994-2211
 <039> stonaker@cumbytel.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

(3005c) Operating Report for Privately-Held Rate of Return Carriers

Balance Sheet - Data Collection Form

Page 3 of 3

FCC Form 481

OMB Control No. 3060-0986

July 2013

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> **442065**
 <015> Cumby Tel Coop Inc.
 <020> **2013**
 <030> Esther Stonaker
 <035> 903-994-2211
 <039> stonaker@cumbytel.com

PART C. STATEMENTS OF CASH FLOWS		
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Explain)	Misc activities	
Changes in Operating Assets and Liabilities		
6. Decrease/(Increase) in Accounts Receivable		
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Patronage Capital Credits Retired		
22. Other (Explain)		
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long-Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Explain)		
28. Net Cash Provided/(Used) by Investing Activities		
29. Net Increase/(Decrease) in Cash		
30. Ending Cash		



Independent Auditor's Report

The Board of Directors
Cumby Telephone Cooperative, Inc.
Cumby, Texas

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Cumby Telephone Cooperative, Inc., which comprise the balance sheets as of December 31, 2012 and 2011, and the related consolidated statements of operations, accumulated other comprehensive income, changes in members' equity, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Cumby Telephone Cooperative, Inc. as of December 31, 2012 and 2011, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Comparative Financial Statements

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The comparative balance sheets, statements of operations, and cash flows on pages 23 through 26, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Curtis Blahely & Co, P.C.

Longview, Texas

March 8, 2013